

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-875)</small>							SERIAL NO. _____		FILING DATE _____		
							APPLICANT(S) _____				
CLAIMS											
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*		*	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.											
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TOTAL CLAIMS											

CLAIMS

SERIAL NO.

09/730990

FILING DATE

06 MAR 2001

APPLICANT(S)

Edrinen

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE		
							APPLICANT(S)				
							CLAIMS				
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	2					51					
2	2					52					
3	2					53					
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5	2					55					
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8	2					58					
9	2					59					
10	2					60					
11	2					61					
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13	2					63					
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16	2					66					
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18	2					68					
19	2					69					
20	2					70					
21	2					71					
22	2					72					
23	1					73					
24	1					74					
25	1					75					
26	2					76					
27	1					77					
28	1					78					
29	1					79					
30	1					80					
31	1					81					
32	1					82					
33	1					83					
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42	1					92					
43	1					93					
44	2					94					
45	1					95					
46	1					96					
47	1					97					
48	1					98					
49	1					99					
50	1					100					
TOTAL IND.	6					TOTAL IND.					
TOTAL DEP.	2					TOTAL DEP.					
TOTAL CLAIMS	8					TOTAL CLAIMS					